

City of Reading  
Citizens Service Center  
815 Washington Street  
Reading PA 19601-3690  
Phone: 1-877-727-3234  
csc@readingpa.gov

**Individual Registration**

The following information is necessary for our records and will be held in strict confidence. All applicable sections must be completed. Every individual in the household, age 18 or older, must complete a registration questionnaire if they are not already on file with the City of Reading for Per Capita Tax purposes.

Name: \_\_\_\_\_  
First Middle Last (Maiden)

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date you became a resident of the above listed address: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Previous address(es) and the date(s) of residency therein (use back of form for additional address if needed):

\_\_\_\_\_  
\_\_\_\_\_

If employed or self-employed list employer's name and business address:

\_\_\_\_\_  
\_\_\_\_\_

If no employer information was provided above, please check reason:

Housewife ( ) Retired ( ) S.S.I. ( ) Disability ( ) Public Assistance ( ) Student ( )  
Active Military ( ) Other ( ) \_\_\_\_\_

*Provide documentation*

Please list below and on the back of this form if needed, the name, birthdate and social security number of any individuals 18 years or older, in addition to yourself, that reside in your household.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The facts set forth herein are made subject to the penalties of 18 PA C.S. Sec. 4904 relative to unsworn falsifications to authorities.*

All individuals should notify the Citizens Service Center within 30 days of any change of address so that our records may be updated.

**Please forward this form to the address listed, at the top of the form, by mail, by email, or in person.**

For CSC office use only: Applicant/contact # \_\_\_\_\_  
Per Capita \_\_\_\_\_